

ARANSAS COUNTY

Sheriff's Office and Corrections/Detention Center Employment Application

Aransas County is an Equal Opportunity Employer and considers employment applicants without regard to sex, race, age, religion, color, national origin, disability, veteran status, or any other status protected by law.

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
Address	City	State Zip Code
Telephone Number(s)	Driver's License Number & State:	Social Security Number

Have you ever filed an application with us before? Yes No If yes, give date.. _____

Have you ever been employed with us before? Yes No If yes, give date.. _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally eligible for employment within the United States? Yes No

On what date would you be available for work? _____

Other than minor traffic offenses, have you ever been convicted of a crime (Misdemeanor or Felony) or received a probated sentence (including deferred adjudication) for an alleged crime, or been assigned a probation officer, or pleaded nolo contendere to an alleged crime? (A "Yes" response will not necessarily disqualify an applicant from employment.) Yes No

If yes, please explain and include the date and location (city, state). Attach additional pages if necessary.

EEO STATISTICAL DATA FORM

Dear Applicant:

Our commitment to a policy of providing equal employment opportunities to all applicants without regards to race, color, disability, religion, age, sex, or national origin require that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

PLEASE NOTE: *The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment, nor will it become a part of your personnel file if you are hired.*

INSTRUCTIONS: Please check the box corresponding to the correct response(s) in each of the categories below.

<p><u>SEX</u></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><u>RACIAL/ETHNIC GROUP</u></p> <p><input type="checkbox"/> Caucasian (Not of Hispanic Origin)</p> <p><input type="checkbox"/> Black (Not of Hispanic Origin)</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p>	<p><u>AGE (in years)</u></p> <p><input type="checkbox"/> Under 40</p> <p><input type="checkbox"/> 40 and above</p> <p><u>SOURCE OF INFORMATION ABOUT APPLYING</u></p> <p><input type="checkbox"/> Posted job announcement</p> <p><input type="checkbox"/> Texas Employment Commission</p> <p><input type="checkbox"/> Current employee</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Professional publication</p> <p><input type="checkbox"/> Newspaper</p> <p><input type="checkbox"/> Just walked in</p> <p><input type="checkbox"/> Other (specify) _____</p>
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DISABILITY

Do you have a disability? Yes No

(Disability is described as:

1. Physical or mental impairment which substantially limits a major life activity;
2. Previous record of such an impairment; or
3. Being regarded as having such an impairment.)

VETERAN STATUS

Other Protected Veteran

Vietnam Era Veteran

Armed Forces Service Medal Veteran

Recently Separated Veteran

<p>If you are a Recently Separated Veteran (within the last three years), please enter date of discharge/release from active duty.</p>	<p>_____</p>
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EQUAL OPPORTUNITY EMPLOYER

All applicants must read and sign below.

At-Will Employment: I understand that if I am selected for employment, I will be free to resign at any time, and that the County has the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the County has the authority to make any assurances or agreements to the contrary.

Consent to Disclosure of Information: I hereby grant permission to the County or its agents to investigate my previous employment and educational background, character references, and information submitted in my application, any attachments, and resume. I also consent to the release of information from previous employers, supervisors, and references about me to the County or Sheriff's Office.

Drugs and Alcohol: I understand that the County does not tolerate the illegal possession or use of drugs by employees. Further, I understand that the County does not tolerate on-the-job possession or use of alcoholic beverages or on-the-job impairment as a result of the use of alcoholic beverages. I recognize that the County has the right to conduct drug testing of applicants and drug and alcohol testing of employees.

Rules and Policies: I agree to conform to the rules and policies of the County and I acknowledge that these rules and policies may be changed, withdrawn, added to or deviated from by the County at any time and without prior notice to me.

False or Incomplete Information: I understand that if the County discovers or believes that I have given false or incomplete information on this application, the County will consider me ineligible for employment with the County, or, if employed, no longer eligible for continued employment.

Release: I release the County and the Sheriff's Office and any employer releasing information to the County or Sheriff's Office from any liability, including liability for negligence claims, due to the investigation of my background or release of said information to the County or Sheriff's Office.

I certify that the information in this application and any attachments including my resume are **ACCURATE and COMPLETE.**

Date

Signature

ARANSAS COUNTY SHERIFF'S OFFICE

APPLICANT'S PERSONAL HISTORY STATEMENT

REVISION 3 Sept. 2016

NAME _____

DATE ISSUED _____

COMPLETE AND RETURN BY _____

I am applying for:

- Peace Officer PID# _____
- County Jailer PID# _____
- Telecommunicator PID# _____
- Civilian Employment

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guarantee selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Willful omissions or falsifications** will result in **disqualification and possible prosecution.**
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete Personal History Statement (PHS) **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your PHS will be evaluated on completeness and neatness.
9. If you have any questions, please contact your assigned background investigator

Applicant Qualification Section

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer or jailer in Texas:

Initial: _____ I am a citizen of the United States of America.

_____ I have earned a high school diploma or a GED.

_____ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

_____ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

_____ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No.	
Date of Birth	Social Security No.	Pager No.	
		Drivers License No. & State	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

Place of Birth (City, County, State, Country) _____

Are you a U.S. Citizen by Birth? _____ Are you a Naturalized Citizen? _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, Tattoos (description and location) or other distinguishing marks _____

FAMILY STATUS

Is any member of your family currently employed with Aransas County? Yes ___ No ___

If Yes, please provide individuals name and relation _____

(This question is asked to conform with state and county Nepotism laws)

RESIDENCES

Identify all residences where you have lived in the last 10 years, beginning with the most recent, including your present address. List date by month/year. Include military assignments. (No TDY's)

From	To	Address	City	Sate & Zip code

PERSONAL REFERENCES

List three (3) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Identify below any employees of the Aransas County Sheriff's Office (if any) with whom you are acquainted:

TRAFFIC RECORD

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: _____ Expires: _____

Have you ever possessed a driver's license issued by any state other than Texas? Yes _____ No _____
 If yes, give details below:

Driver's License No. _____ State _____ Date issued _____

Driver's License No. _____ State _____ Date issued _____

Have you ever had your driver's license suspended or revoked? Yes ___ No ___ If yes, give reason, date, and length of suspension: _____

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

ARRESTS, DETENTIONS, AND LITIGATION

Have you ever been arrested or detained by law enforcement?

Yes _____ No _____ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you ever committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain: _____

Have you ever assaulted another person since the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain: _____

Have you ever been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: _____

Have you ever been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: _____

Have you ever been disciplined about improper use of an employer issued travel or credit card? If yes explain below _____

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: _____

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment for the previous 10 years. Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes ____ No ____

1. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

2. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

3. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

Additional employers during the 10 year period should be attached in additional sheets using the above format.

EDUCATIONAL HISTORY.

Are you a High School Graduate? Yes/No

(If above answer is NO) Do you possess a GED certificate? YES/NO

High School(s) attended	Address		Graduated Yes/No

Were you ever expelled from school? If yes, give details: _____

Identify all colleges, universities, or technical schools you have attended:

Name	City & State		Hours completed	Major	Degree & Date

MILITARY OBLIGATION

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes _____ No _____

Served from _____ to _____ Highest Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Type of discharge _____ Last Duty Station: _____

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes _____ No _____

Serving from _____ to _____ Current Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Have you ever been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

SPECIAL QUALIFICATIONS & SKILLS

Identify any special licenses you hold (e.g., pilot, radio operator): _____

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes _____ No _____

Have you ever been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes _____ No _____

PERSONAL DECLARATIONS

Do you consume alcoholic beverages? Yes _____ No _____ If "Yes", how often? _____

Have you ever used marijuana or hashish? Yes _____ No _____ If yes, when last used? _____

Have you ever used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes _____ No _____ If yes how often _____ When last used _____

Provide explanation: _____

Have you ever sold or furnished controlled substances or prescription drugs to anyone? Yes _____ No _____

If yes, give details: _____

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a TCOLE licensed applicant?

If yes, explain:

Have you ever been employed by or applied with any other law enforcement agency? Yes _____ No _____

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

I hereby certify under penalty of perjury that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

Signature of applicant

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this__ day of _____, _____

SEAL or STAMP

Signature of Notary

My Commission Expires: _____